## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571) 273-2855

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

36218

7590

05/08/2009

KLARQUIST SPARKMAN, LLP 121 S.W. SALMON STREET SUITE #1600 PORTLAND, OR 97204-2988

## FILED BY EFS ON JULY 29, 2009

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.							
10/550,907 TITLE OF INVENTION	09/27/2005 ON: CHOLESTEROL-	CONTAINING COM	Gil Ben-Menachem POUNDS AND THEIR	USE AS IMMU	4239-68220-03 NOGENS AGAINST E	4584 BORRELIA							
BURGDORFERI													
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	E DATE DUE							
nonprovisional	NO	<b>\$</b> 1510	\$300	\$0	\$1810	08/10/2009							
EXAMINER		ART UNIT	CLASS-SUBCLASS										
QAZI, SABIHA NAIM		1612	514-025000		-								
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.										
							3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)	to the story below the	described has been filed for
							PLEASE NOTE: Uni recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assigned pletion of this form is NO	e data will appear on the p OT a substitute for filing an	atent. If an assigne assignment.	e is identified below, the	document has been filed for
							(A) NAME OF ASSI	INEE	United State	(B) RESIDENCE: (CITY			
		ed by the Sec		Bethesda	, Maryland								
Department Please check the appropri	of Health an	dategories (will library)	rinted on the patent):	Individual Con	rporation or other private g	group entity Sovernment							
			4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)										
S Issue Fee			A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.										
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4550 (enclose an extra copy of this form).										
5. Change in Entity Sta	•	· ·	Dh. Applicant is no los	ger claiming SMAI	L ENTITY status. See 37	CFR 1.27(p)(2).							
NOTE: The Issue Fee an	s SMALL ENTITY state d Publication Fee (if req	uired) will not be accept				the assignee or other party in							
interest as shown by the	records of the United Sta	ites Patent and Trademar	k Office.		1								
Authorized Signature	Mune,	h.[Aißl	WT	Date /	ely 29,200	9							
Typed or printed nam				Registration No									
					ne public which is to file (a minutes to complete, includ mments on the amount of Trademark Office, U.S. De SEND TO: Commissione lisplays a valid OMB contr	ind by the USPTO to process) ling gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450, rol number.							